

Hepatitis B Vaccination or Declination Form

Name:_____

Social Security Number:_____

Title:_____

Signature:_____

HBV Vaccination

Series:_____ **Lot #**_____

Administered by_____

Date of Vaccine #1_____

Date of Vaccine #2_____

Date of Vaccine #3_____

Refusal of Hepatitis B Vaccine

I understand that I may be at risk of acquiring hepatitis B virus infection. I have been given information concerning the disease and the opportunity to be vaccinated. However, I decline vaccination at this time. I understand that I will continue to be at risk of acquiring hepatitis b, a deadly disease.

Date:_____

Signature:_____

Witness:_____